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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Other Than	An Authorized Com	mittee	Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If over the lin	typing, type es.	12FE4M5	
American Health Ca	re Association P	olitical Action Com	mittee	1 1 1 1 1 1	
ADDRESS (number and street)	1201 L Street, NW	, 			
Check if different than previously reported. (ACC)	Washington			DC 200	05
2. FEC IDENTIFICATION	NUMBER ▼	CITY A	8	STATE A	ZIP CODE ▲
C C00006080		3. IS THIS REPORT	NEW (N) OR	AMENDE (A)	D
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Yea Report (Non-eler Year Only) (MY)	t (Q2) t (Q3) t (YE) r (d) 30-Day ction	Flection on Genera	tion (12C)	Aug 20 (M8 Sep 20 (M9 Cot 20 (M10 General (12G) Special (12S) Runoff (30R)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Termination Rep (TER)	ort	Election on	/ D D /	Y = Y = Y = Y	in the State of
5. Covering Period	09 01 Y	2016 throu	ugh 09		2016
I certify that I have examined Type or Print Name of Treas	Hillier, Robin, , Ms		and belief it is tru	e, correct and comp	lete.
Signature of Treasurer	lillier, Robin, , Ms.,	[Electron	nically Filed] D		13 / 2016
NOTE: Submission of false, en	roneous, or incomplete i	nformation may subject the	e person signing th	is Report to the pena	lties of 52 U.S.C. § 30109
Office Use Only				FE	C FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 09 01 2016 To: 09 30 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		170806.91
	(b) Cash on Hand at Beginning of Reporting Period	82236.27	
	(c) Total Receipts (from Line 19)	67056.31	466107.14
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	149292.58	636914.05
7.	Total Disbursements (from Line 31)	94170.33	581791.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55122.25	55122.25
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Health Care Association Political Action Committee

01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 62336.39 434401.20 (i) Itemized (use Schedule A)..... 2219.92 18205.94 (ii) Unitemized (iii) TOTAL (add 452607.14 64556.31 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 10000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 462607.14 64556.31 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 2500.00 2500.00 17. Other Federal Receipts 1000.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 466107.14 67056.31 20. Total Federal Receipts 67056.31 466107.14 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		Calcination for to but		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures(c) Total Operating Expenditures	1170.33	7671.93		
(add 21(a)(i), (a)(ii), and (b))▶	1170.33	7671.93		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	86500.00	541000.00		
and Other Political Committees Independent Expenditures	86300.00	541000.00		
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	1500.00	7119.87		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1500.00	7119.87		
Other Disbursements (Including				
Non-Federal Donations)	5000.00	26000.00		
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	94170.33	581791.80		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	94170.33	581791.80		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 64556.31 462607.14 (from Line 11(d), page 3) 34. Total Contribution Refunds 1500.00 7119.87 (from Line 28(d))..... 35. Net Contributions (other than loans) 63056.31 455487.27 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 1170.33 7671.93 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 1170.33 7671.93 (subtract Line 37 from Line 36)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE		6	OF		45
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Allen, Martin, , , Date of Receipt Mailing Address 333 N. Summit Street 2016 80 City Zip Code State Transaction ID: C3384311 OH Toledo 43614 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President HCR ManorCare Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barcelo, Cecil, , , Date of Receipt Mailing Address 411 Alabama Ave 2016 City State Zip Code Transaction ID: C3393935 TX League City 77573-2615 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Baywind Village Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Baum, Harry, , , Date of Receipt Mailing Address 8300 NW Eastside Drive 16 2016 City State Zip Code Transaction ID: C3388443 MO Weatherby Lake 64152 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sharon Lane Health Services Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 725.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Capela, Jill, , , Date of Receipt Mailing Address 200 Congress Avenue 2016 #42NT 14 City State Zip Code Transaction ID: C3387279 TX Austin 78701 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) CEO ONR. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ciolek, Daniel, , , Date of Receipt Mailing Address 1201 L Street NW 2016 City State Zip Code Transaction ID: C3397533 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 225.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **AHCA** Associate VP, Therapy Advocacy Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$75.00 bi-weekly Other (specify) ▼ 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Donnellan, Christopher, , , Date of Receipt Mailing Address 2830 Marshall Street 29 2016 City State Zip Code Transaction ID: C3397529 VAFalls Church 22042 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Health Care Association Senior Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 5475.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE		8	OF		45
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Erickson, Joanne, E,, Date of Receipt Mailing Address 911 S Randolph St 2016 30 City Zip Code State Transaction ID: C3397535 VA Arlington 22204-1564 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Health Care Association Senior Director Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 bi-weekly 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eyet, Teresa, , , Date of Receipt Mailing Address 10009 Dallas Ave 2016 City State Zip Code Transaction ID: C3397534 MD Takoma Park 20901-2240 Amount of Each Receipt this Period FEC ID number of contributing 160.74 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Health Care Association Senior Director, Education Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$53.58 bi-weekly Other (specify) ▼ 750.12 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Finneran, Debra, , , Date of Receipt Mailing Address 6939 Wythe Hill Circle 30 2016 City State Zip Code Transaction ID: C3397482 KY Prospect 40059 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Masonic Homes of Kentucky VP, Clinical Quality Services Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 435.74 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE		9	OF		45
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodall, Lury, , , Date of Receipt Mailing Address 2853 Fairway Forest Circle 2016 29 City Zip Code State Transaction ID: C3397530 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) CCR. Inc. Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Green, Susan, , , Date of Receipt Mailing Address 6472 La Petite Place 09 15 2016 City State Zip Code Transaction ID: C3388089 Centreville VA 20121 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Heatherwood Retirement Community Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Griffith, William, J., Date of Receipt Mailing Address 1825 7th Street, NW 30 2016 #901 City State Zip Code Transaction ID: C3397540 DC Washington 20001 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Health Care Association Senior Manager, Political Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$25.00 bi-weekly 300.00 Other (specify) 2825.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gross, Ron, , , Date of Receipt Mailing Address 2230 N Somens 2016 City Zip Code State Transaction ID: C3397495 ME Fremont 68025 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NYE Health Services** President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hahs, Jennifer, S,, Date of Receipt Mailing Address 12423 Flint Street 2016 City State Zip Code Transaction ID: C3397541 Overland Park KS 66213 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Health Care Association Senior Director, Political Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 bi-weekly Other (specify) ▼ 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Hillier, Robin, L., Date of Receipt Mailing Address 4433 Pebble Creek Ln 17 2016 City State Zip Code Transaction ID: C3389588 IL Long Grove 60047-5283 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Welcome Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 3750.00 Other (specify) 2400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

45 FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hyatt, Jeff, N,, Date of Receipt Mailing Address 107 Rutheena Lane 2016 City Zip Code State Transaction ID: C3397483 WA Selah 98942 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hyatt Family Facilities Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 3750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jarek, Holly, , , Date of Receipt Mailing Address 118B Hollis St 2016 City State Zip Code Transaction ID: C3397531 MA Groton 01450-1355 Amount of Each Receipt this Period FEC ID number of contributing 312.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Seven Hills Foundation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 937.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jones, J., Carole, , Date of Receipt Mailing Address 5601 Seminary Road, Apt. 2505N 26 2016 City Zip Code State Transaction ID: C3393937 VAFalls Church 22041 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Health Care Association **Executive Assistant to the President** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1662.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

45 FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kemp, Sonya,,, Date of Receipt Mailing Address 438 North Water Avenue 2016 City Zip Code State Transaction ID: C3393936 TN Gallatin 37066-2306 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Gallatin Health Care Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 4785.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kyllo, David, A, , Date of Receipt Mailing Address 4621 28th Road South 2016 City State Zip Code Transaction ID: C3397539 VA Arlington 22206 Amount of Each Receipt this Period FEC ID number of contributing 180.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) AHCA/NCAL VP, Insurance and Member Programs Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$60.00 bi-weekly Other (specify) 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. LeNeave, Ted, , , Date of Receipt Mailing Address 1603 22nd Street 2016 Suite 200 City State Zip Code Transaction ID: C3391795 IΑ West Des Mointes 50266 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO Accura HealthCare Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 5180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Liistro, Paul, , , Date of Receipt Mailing Address 1 Meadow Brook Lane 2016 City State Zip Code Transaction ID: C3381040 CT Westport 06880-3929 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO Arbors of Hop Brook, LTD Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Murray, Cornelius, , , Date of Receipt Mailing Address 54 State Street 09 2016 City State Zip Code Transaction ID: C3393933 NY Albany 12207 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) O'Connell & Aronowitz Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Nicholson, Timothy, F, , Date of Receipt Mailing Address 15 Ocean Harbour Cir 13 2016 City State Zip Code Transaction ID: C3386036 FL Ocean Ridge 33435-6207 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired N/A Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

45 FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pagels, Kathleen, C.,, Date of Receipt Mailing Address 9035 E. Lupine Ave. 13 2016 City Zip Code State Transaction ID: C3386035 ΑZ Scottsdale 85260 Amount of Each Receipt this Period FEC ID number of contributing C 167.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) AZ Health Care Association **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 333.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Painter, Julie, C,, Date of Receipt Mailing Address 5023 Waple Ln 2016 City State Zip Code Transaction ID: C3397538 VA Alexandria 22304-7727 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Health Care Association Vice President of Constituency Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$25.00 bi-weekly Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Parks, Christopher, , , Date of Receipt Mailing Address 1730 Truro Rd 30 2016 City Zip Code State Transaction ID: C3397542 MD Crofton 21114-2520 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Health Care Association Director of IT and Operations Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$25.00 bi-weekly 300.00 Other (specify) 317.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pilgrim, Scott, , , Date of Receipt Mailing Address PO Box 990 2016 City Zip Code State Transaction ID: C3394141 OK Edmond 73083 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Diakonis Group LLC Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Porter, Clifton, , , Date of Receipt Mailing Address 3929 Azalea Court 2016 City State Zip Code Transaction ID: C3397546 OH Maumee 43537 Amount of Each Receipt this Period FEC ID number of contributing 624.99 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Health Care Association **SVP Government Relations** Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$208.33 bi-weekly Other (specify) 3140.91 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ramsey, Patricia, , , Date of Receipt Mailing Address 12 Riverwood Drive 17 2016 City State Zip Code Transaction ID: C3389580 ME York 03909 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Edgewood Centre Nursing Home Owner/ Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 5724.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Roberts, Tara, , , Date of Receipt Mailing Address 269 Harders Crossing Blvd 12 2016 City Zip Code State Transaction ID: C3385610 LA Shreveport 71106-8526 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP, Rehab and Wound Care Srvcs Nexion Health Management Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sharp, Christina, L, , Date of Receipt Mailing Address 1644 Mount Eagle PI 2016 City State Zip Code Transaction ID: C3397548 VA Alexandria 22302-2121 Amount of Each Receipt this Period FEC ID number of contributing 68.16 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Health Care Association Senior Director, Member Relations Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$22.72 bi-weekly Other (specify) 318.08 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sharpe, Veronica, , , Date of Receipt Mailing Address 102 Oakford Ave. 01 2016 City Zip Code State Transaction ID: C3381042 MD Edgewater 21037 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Verandas Management Inc President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 568.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shimer, Jennifer, S, Date of Receipt Mailing Address 9507 Shelly Krasnow Ln 2016 City Zip Code State Transaction ID: C3397547 VA Fairfax 22031-4720 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) COO American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 bi-weekly 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sweeney, Philip, , , Date of Receipt Mailing Address 20 Davis Blvd 09 2016 City State Zip Code Transaction ID: C3393934 **New Orleans** LA 70121-2206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Nexion Health, Inc. Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tack, Steven, D., , Date of Receipt Mailing Address 107 Beyers Ave. 2016 City State Zip Code Transaction ID: C3393932 PΑ Kittanning 16201 Amount of Each Receipt this Period FEC ID number of contributing C 4000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Quality Life Services** President/CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) 4650.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Thies, Joseph, Drew,, Date of Receipt Mailing Address 1101 L Street NW 2016 Apt. 504 City State Zip Code Transaction ID: C3397550 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Manager, Political and Grassroots **AHCA** Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$25.00 bi-weekly 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Waters, Brett, , , Date of Receipt Mailing Address 2416 Mesa Street 09 2016 City State Zip Code Transaction ID: C3394335 Idaho Falls ID 83401 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **New Beginnings** President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Williams, Cametrica, Danyale, Date of Receipt Mailing Address 116 Mourning Dove 06 2016 City State Zip Code Transaction ID: C3386028 TX Navasota 77868 Amount of Each Receipt this Period FEC ID number of contributing C 48.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sherwood Healthcare, Inc. Director Receipt For: Aggregate Year-to-Date ▼ Primary General 351.00 Other (specify) 373.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wylie, Michael, , , Date of Receipt Mailing Address 205 Fairview Road 2016 City Zip Code State Transaction ID: C3397502 PA Clarks Green 18411 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP** Development Genesis Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 1812.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harmony House Health Care Center LLC Date of Receipt Mailing Address PO Box 829 2016 City State Zip Code Transaction ID: C3386030 WA **Brewster** 98812 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tretwold, Jerry, R., , Date of Receipt Mailing Address PO Box 829 06 2016 City Zip Code State Transaction ID: C3386031 WA Brewster 98812-0829 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Harmony House Health Care Center LLC Owner/Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Medicalodges Political Advisory Fund, LLC Date of Receipt Mailing Address PO Box 509 2016 City State Zip Code Transaction ID: C3397504 KS Coffeyville 67337 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cox, Garen, , , Date of Receipt Mailing Address 201 West Eighth Street PO Box 509 PO Box 509 09 2016 City State Zip Code Transaction ID: C3397507 KS Coffeyville 67337-0509 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medicalodges, Inc. President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Medicalodges Fort Scott Political Advisory Fund, LLC Date of Receipt Mailing Address 201 W. 8th St. 2016 City State Zip Code Transaction ID: C3397508 KS Coffeyville 67337 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) 10000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Benjamin, Fred, , , Date of Receipt Mailing Address 201 W 8th St 2016 City Zip Code State Transaction ID: C3397509 Coffeyville KS 67337-5807 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medicalodges Fort Scott LLC Partner Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Medicalodges Kansas City Political Advisory Fund, LLC Date of Receipt Mailing Address 201 W. 8th St. 2016 City State Zip Code Transaction ID: C3397510 Coffeyville KS 67337 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hines, Scott, , , Date of Receipt Mailing Address 201 W. 8th Street 2016 City State Zip Code Transaction ID: C3397511 KS Coffeyville 67337 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medicalodges, Inc. Vice President & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Medicalodges Arkansas City Political Advisory Fund, LLC Date of Receipt Mailing Address 201 W. 8th Street 2016 City State Zip Code Transaction ID: C3397513 KS Coffeyville 67337 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Lager, Shannon, , , Date of Receipt Mailing Address 201 W. 8th Street 2016 City State Zip Code Transaction ID: C3397514 KS Coffeyville 67337 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medicalodges, Inc. Vice President & COO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Klaton Properties Date of Receipt Mailing Address 3715 SW 29th St 29 2016 City State Zip Code Transaction ID: C3397521 KS Topeka 66614-2107 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) 7500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Klausman, Jim, , , Date of Receipt Mailing Address 3715 SW 29th Street 2016 Suite 200 29 City State Zip Code Transaction ID: C3397522 KS Topeka 66614-2164 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President Midwest Health Management Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Klaton Properties Date of Receipt Mailing Address 3715 SW 29th St 2016 City State Zip Code Transaction ID: C3397523 KS Topeka 66614-2107 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Klausman, Jim, , , Date of Receipt Mailing Address 3715 SW 29th Street 29 2016 Suite 200 City State Zip Code Transaction ID: C3397524 KS Topeka 66614-2164 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Midwest Health Management President Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Klaton Leasing, LLC Date of Receipt Mailing Address 3715 SW 29th St 2016 29 City Zip Code State Transaction ID: C3397525 KS Topeka 66614-2107 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eaton, Floyd,, Date of Receipt Mailing Address 3715 SW 29th St 2016 Ste 200 City State Zip Code Transaction ID: C3397527 KS Topeka 66614-2164 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Midwest Health Services Inc Owner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Klaton Leasing, LLC Date of Receipt Mailing Address 3715 SW 29th St 29 2016 City State Zip Code Transaction ID: C3397526 KS Topeka 66614-2107 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Eaton, Floyd, , , Date of Receipt Mailing Address 3715 SW 29th St Ste 200 29 2016 City Zip Code State Transaction ID: C3397528 KS Topeka 66614-2164 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Midwest Health Services Inc Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... 62336.39 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 OF 45
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American Health Care Associate	tion Polition	cal Action Committee	
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Full Name of Individual (Last, First, Middle In FRIENDS FOR CHRIS STEWART, INC		nganization Name	Date of Receipt
Mailing Address 10 W BROADWAY			M = M / D = D / Y = Y = Y
SUITE 500	01-1-	7:- 0-1-	09 27 2016
City SALT LAKE CITY	State	Zip Code 84101	Transaction ID : C3397519
	01	04101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0506931	2500.00
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Other (specify) ▼		2500.00	
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federal political committee.			
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City	State	Zip Code	
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			П.,
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
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Primary General			1
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE 27 OF	45
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or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
American Health Care Association	n Politica	I Action Com	mittee				
Full Name (Last, First, Middle Initial)				Data of Di	sbursement		
A. American Express				Date of Di	SDUISEITIETII.	/	
Mailing Address PO Box 53773				09	06	2016	
City	State	Zip Code		FEC Identi	fication Nur	mber	
Phoenix	AZ	85072-3773					
Purpose of Disbursement Credit Card Processing Fees				C			
Candidate Name					action ID : I		
			Category/ Type	Amount of	Each Disbl	ursement this Peri	loa
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Senate	Primary	General			,		_
President	Other (spe	ecify) 🔻		Memo	Item		
State: District:							
Full Name (Last, First, Middle Initial) B. BB&T Merchant Services				Date of Di	sbursement	:	
				M = M /	D D /	/ Y Y Y Y Y	
Mailing Address PO Box 200				09	15	2016	
City Wilson	State NC	Zip Code 27894-0200		FEC Identi	fication Nur	nber	
Purpose of Disbursement	110	27094-0200		C			
Credit Card Processing Fees				Transaction ID : D176482			
Candidate Name			Category/			ursement this Peri	iod
Office Coursely House			Туре			683.90	
Office Sought: House Disburse Senate	ment For: Primary	General				003.90	
President	Other (spe			п			
State: District:	, , ,	,		Memo	Item		
Full Name (Last, First, Middle Initial)							
C. BB&T				Date of Di	sbursement		
Mailing Address (CCC N V. I. A NAV				M M /	D D /	2016	
Mailing Address 1099 New York Ave NW Ste 100				09	21	2016	
City	State	Zip Code		EEC Idonti	fication Nur	mbor	
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Purpose of Disbursement Bank Fees							
Candidate Name					action ID : I		
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Office Sought: House Disburse	ment For:	l	71			214.43	
Senate	Primary	General			7		_
President	Other (spe	ecify) 🔻		Memo	Item		
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	one)
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NAME OF COMMITTEE (In Full) American Health Care Association	,		
Full Name (Last, First, Middle Initial) A. Anthony Brown for Congress			Date of Disbursement
Mailing Address 12138 Central Ave. #671			09 19 2016
,	State Zip Code MD 20721		FEC Identification Number
Contribution Candidate Name		Category/	C C00574640 Transaction ID : D175778 Amount of Each Disbursement this Period
	nent For: 2016 Primary 🗶 General	Type	1000.00
State: MD District: 04	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. BEATTY FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 172			09 06 2016
Columbus	State Zip Code OH 43216-0172		FEC Identification Number
Purpose of Disbursement Contribution Condidate Name	'		C C00507368 Transaction ID : D175453
Candidate Name BEATTY, JOYCE, , Rep., Office Sought: House Disbursen	ment For: 2016	Category/ Type	Amount of Each Disbursement this Period
Senate	Primary General Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. BEATTY FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 172			09 12 2016
City Columbus Purpose of Disbursement Contribution	State Zip Code OH 43216-0172		FEC Identification Number C C00507368 Transaction ID : D175597
Candidate Name BEATTY, JOYCE, , Rep.,		Category/ Type	Amount of Each Disbursement this Period
<u> </u>	nent For: 2016 Primary		1500.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)			3500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	,,,,,,,		
American Health Care Association	Political Action Con	nmittee	
Full Name (Last, First, Middle Initial)			Data of Dishurasment
A. BLUE HEN PAC			Date of Disbursement
Mailing Address PO BOX 15293			09 19 2016
,	State Zip Code DC 20003		FEC Identification Number
Washington Purpose of Disbursement	20003		C 00402700
Contribution			C C00493700
Candidate Name		Catagory	Transaction ID: D175780 Amount of Each Disbursement this Period
		Category/ Type	Amount of Lacif Dispulsement this Period
Office Sought: House Disbursen	nent For:		1000.00
	Primary General		_
State: District:	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
B. COUNTRY ROADS PAC			Date of Disbursement
Mailing Address PO Box 1387			09 26 2016
,	State Zip Code WV 25325-1387		FEC Identification Number
Purpose of Disbursement	20020 1007		C C00484402
Contribution		1 []	Transaction ID : D175942
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:	туре	1000.00
	Primary General		4 4
	Other (specify)		Memo Item
State: District: Full Name (Last, First, Middle Initial)			_
C. David Rouzer for Congress			Date of Disbursement
Mailing Address PO Box 2267			09 19 2016
City	State Zip Code		FEC Identification Number
Smithfield	NC 27577-2267		LO Identification Number
Purpose of Disbursement Contribution			C C00501643 Transaction ID : D175767
Candidate Name		Category/	Amount of Each Disbursement this Period
Rouzer, David, C., Rep.,		Туре	
	nent For: 2016		1000.00
Senate President	Primary General		
State: NC District: 07	Other (specify) ▼		Memo Item
Similar Diolitot. U/			
SUBTOTAL of Disbursements This Page (optional)			3000.00
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		Detailed S	Summary Page	28a	28b 28c 29 30b
Any	information copied from such Reports and Staten	nents may n	ot be sold or use	d by any perso	on for the purpose of soliciting contributions
or fo	or commercial purposes, other than using the name				
l \	IAME OF COMMITTEE (In Full)	5 :	A	•	
	American Health Care Association	Political 	Action Com	mittee	
_	ull Name (Last, First, Middle Initial)				Data of Dishamon '
Α.	Healthcare Freedom Fund				Date of Disbursement
N	Mailing Address PO Box 2485				09 19 2016
	,	State	Zip Code		FEC Identification Number
	Springfield	VA	22152		
	Purpose of Disbursement Contribution			<u> </u>	C C00528414 Transaction ID : D175774
Ō	Candidate Name			Category/	Amount of Each Disbursement this Period
7	Office Sought: House Disburser	nent For:		Type	1000.00
	Senate Disburser	Primary	General		
c	President District:	Other (spec			Memo Item
	full Name (Last, First, Middle Initial)				
	Kathleen Rice for Congress				Date of Disbursement
_					M = M / D = D / Y = Y = Y
_	Mailing Address 410 Jericho Turnpike Suite 200		T		09 12 2016
	City Stericho	State NY	Zip Code 11753		FEC Identification Number
F	Purpose of Disbursement Contribution				C C00555813
	Candidate Name			Cotossii	Transaction ID : D175602
	Rice, Kathleen, , Rep.,			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disbursen	nent For: 2			1000.00
	Senate	Primary	✗ General		
Ş	President State: NY District: 04	Other (spec	ııy)		Memo Item
	full Name (Last, First, Middle Initial)				
C. (Smucker for Congress				Date of Disbursement
N	Mailing Address 548 Steel Way PO Box 7066				09 26 2016
		State	Zip Code		FEC Identification Number
	ancaster Purpose of Disbursement	PA	17604		
	Contribution	ose of Disbursement htribution		· · · ·	C C00599464
7	Candidate Name			Category/	Transaction ID: D175945 Amount of Each Disbursement this Period
	Smucker, Lloyd, K, ,			Type	dir. or East Dissurdential tills i ellou
C		nent For: 2			1000.00
	Senate	Primary	★ General		
ç	President State: PA District: 16	Other (spec	iiy) 🔻		Memo Item
	TA DISTILL ID				
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate for each categ Detailed Sumn	ory of the	FOR LINE (check only 21b	one) 22 x 23	PAGE 31 OF 45
			28a	28b 28c	29 30b
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NAME OF COMMITTEE (In Full) American Health Care Association					
Full Name (Last, First, Middle Initial)					
Missourians for Accountability & C	hange			Date of Disburseme	/ Y Y Y Y Y
Mailing Address 700 13TH STREET, NW SUITE 600				09 26	2016
WASHINGTON		Code 0005		FEC Identification N	umber
Purpose of Disbursement Contribution Candidate Name				C C00431122 Transaction ID	
Candidate Name			Category/ Type	Amount of Each Dis	bursement this Period
Senate	ment For: Primary	General	-77		5000.00
State: District:	Other (specify)	▼		Memo Item	
Full Name (Last, First, Middle Initial) 3. Monica Vernon for Congress Mailing Address PO Box 1635	_			Date of Disburseme	nt 2016
City :	1 '	Code 2406		FEC Identification N	umber
Purpose of Disbursement Contribution	52			C C00571562	D475702
Candidate Name			Category/	Transaction ID : Amount of Each Dis	bursement this Period
Vernon, Monica, W, , Office Sought: Y House Disburser	ment For: 2016		Туре		1000.00
Office Sought: House Disburser Senate	Primary x	General			1000.00
State: IA District: 01	Other (specify)			Memo Item	
Full Name (Last, First, Middle Initial) MOTOR CITY PAC				Date of Disburseme	nt
Mailing Address 600 PENNSYLVANIA AVE., SE				09 19	2016
City WASHINGTON Purpose of Disbursement Contribution	l .	Code 0003		FEC Identification N	umber
Candidate Name			Category/ Type	Transaction ID Amount of Each Dis	: D175765 bursement this Period
Senate President	ment For: Primary Other (specify)	General ▼	-7,60	Memo Item	1000.00
State: District:				<u> </u>	
SUBTOTAL of Disbursements This Page (optional)			······•	7	7000.00
TOTAL This Period (last page this line number only))			1	

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 32 OF 45
ITE	MIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)
			Summary Page	21b 28a	22 x 23 26 27 28b 28c 29 30b
Δn	/ information copied from such Reports and State	mente may r	not he sold or us		
	for commercial purposes, other than using the nar				
I \	NAME OF COMMITTEE (In Full)				
	American Health Care Association	Political	Action Con	nmittee	
	Full Name (Last, First, Middle Initial)				Date of Disbursement
Α.	New Democrat Coalition				M M / D D / Y Y Y Y
İ	Mailing Address 700 13TH STREET, NW SUITE 600				09 19 2016
	,	State	Zip Code		FEC Identification Number
_	WASHINGTON Purpose of Disbursement	DC	20005		000400720
	Contribution				C C00409730
Ī	Candidate Name			Category/	Transaction ID: D175776 Amount of Each Disbursement this Period
;	Office Sought: House Disburse	ment For:		Type	5000.00
•	Office Sought: House Disburse	Primary	General		000.00
	President	Other (spec			Memo Item
	State: District:				
	Full Name (Last, First, Middle Initial) NEW MILLENNIUM PAC				Date of Disbursement
i	Mailing Address ONE GATEWAY CENTER SUITE 520				09 06 2016
	City NEWARK	State NJ	Zip Code 07102		FEC Identification Number
Ī	Purpose of Disbursement				C C00349233
-	Contribution				Transaction ID : D175463
,	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Ō	Office Sought: House Disburse	ment For:		турс	1000.00
	Senate	Primary	General		7 7 7
(President State: District:	Other (spec	cify)		Memo Item
	Full Name (Last, First, Middle Initial)				
C.	Purpose PAC				Date of Disbursement
i	Mailing Address 918 Pennsylvania Ave SE				09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	City	State	Zin Codo		
	City Washington	State DC	Zip Code 20003		FEC Identification Number
Ì	Purpose of Disbursement Contribution				C C00497131
Ī	Candidate Name			Category/	Transaction ID : D175599 Amount of Each Disbursement this Period
ī	Office Sought: House Disburse	ment For:		Туре	5000.00
	Senate	Primary	General		7 7
	President	Other (spec	cify) ▼		Memo Item
	State: District:				_
sı	JBTOTAL of Disbursements This Page (optional)				11000.00
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TC	OTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Health Care Association			
/ Full Name (Last, First, Middle Initial)			
A. ADRIAN SMITH FOR CONGRESS			Date of Disbursement
Mailing Address 3321 AVENUE I SUITE 6	ı		09 27 2016
SCOTTSBLUFF	State Zip Code NE 69361		FEC Identification Number
Purpose of Disbursement Voided Check - Orig Issued 8/1/2016			C C00412890 Transaction ID : D176114
Candidate Name SMITH, ADRIAN, , Rep.,		Category/ Type	Amount of Each Disbursement this Period
Office Sought: W House Disbursem	nent For: 2016 Primary	717-	-1000.00
President State: NE District: 03	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. KUSTER FOR CONGRESS, INC.			Date of Disbursement
Mailing Address P.O. BOX 1498			09 06 2016
			00 <u>00</u> <u>2010</u>
,	State Zip Code FL 33020		FEC Identification Number
Purpose of Disbursement Contribution	1 2 2 2 2		C C00462861
Candidate Name		Category/	Transaction ID : D175461 Amount of Each Disbursement this Period
Kuster, Ann, McLane, Rep.,	nont Fore para	Type	
Senate	nent For: 2016 Primary 🙀 General		1000.00
President State: NH District: 02	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. PEOPLE FOR BEN			Date of Disbursement
Mailing Address PO BOX 31129			09 06 7 2016
SANTA FE	State Zip Code NM 87594		FEC Identification Number
Purpose of Disbursement Contribution	ose of Disbursement		C C00443689 Transaction ID : D175457
Candidate Name Lujan, Ben, Ray, Rep.,		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For: 2016 Primary	.,,,,	1500.00
State: NM District: 03	Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	1500.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 34 OF 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Stater	nente may not be sold or uses		
or for commercial purposes, other than using the nan	ne and address of any political	committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Comr	mittee	
Full Name (Last, First, Middle Initial)			Data of Dishurasment
A. PASCRELL FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 100			09 19 2016
City	State Zip Code		FEC Identification Number
Teaneck Purpose of Dishursement	NJ 07666		
Purpose of Disbursement Contribution	1		C C00313510
Candidate Name	I.	Cotogrami	Transaction ID : D175785
PASCRELL, WILLIAM J., , HON., C	IR.	Category/ Type	Amount of Each Disbursement this Period
	nent For: 2016		2500.00
Senate	Primary General		
State: NJ District: 09	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
B. CARLOS CURBELO CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 8770 SUNSET DRIVE #355			09 27 2016
,	State Zip Code		FEC Identification Number
MIAMI Purpose of Disbursement	FL 33173		C 0005 400 40
Voided Check - Orig Issued 8/30/2016			C C00546846
Candidate Name		Category/	Transaction ID: D176113 Amount of Each Disbursement this Period
Curbelo, Carlos, , Rep.,		Type	Attribute of Each Biobardsmank this Ferroa
	nent For: 2016		-1000.00
	Primary General		
President State: FL District: 26	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF DAVE REICHERT			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P. O. Box 2032			09 06 2016
City	State Zip Code		FEC Identification Number
Issaquah	WA 98027		
Purpose of Disbursement Contribution	Г		C C00397737
Candidate Name			Transaction ID : D175452
Reichert, Dave, , Rep.,		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursement For: 2016			1000.00
Senate	Primary General		4 4
President	Other (specify) ▼		Memo Item
State: WA District: 08			П
SUBTOTAL of Disbursements This Page (optional)		>	2500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	•
	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Health Care Association			
Full Name (Last, First, Middle Initial) A. JENKINS FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 727			09 06 2016
HUNTINGTON	State Zip Code WV 25711		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name			C C00548271 Transaction ID : D175455
Jenkins, Evan, H., Rep.,	nent For: 2012	Category/ Type	Amount of Each Disbursement this Period 1000.00
Senate President	ment For: 2016 Primary		Memo Item
State: WV District: 03 Full Name (Last, First, Middle Initial)			<u> </u>
B. GEORGE HOLDING FOR CONGR	RESS INC.		Date of Disbursement
Mailing Address PO BOX 97187			09 19 2016
RALEIGH	State Zip Code NC 27624		FEC Identification Number
Purpose of Disbursement Contribution			C C00499236 Transaction ID : D175777
Candidate Name Holding, George, , Rep.,		Category/ Type	Amount of Each Disbursement this Period
Senate	ment For: 2016 Primary		2500.00
State: NC District: 13	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. FRIENDS OF GLENN THOMPSON			Date of Disbursement
Mailing Address 133 Water Tower Lane			09 19 2016
City Spring Mills Purpose of Disbursement Contribution	State Zip Code PA 16875	· · ·	FEC Identification Number C C00444620
Candidate Name Thompson, Glenn, , Rep.,		Category/ Type	Transaction ID: D175787 Amount of Each Disbursement this Period
Office Sought: W House Disbursen	nent For: 2016 Primary General Other (specify)		1000.00 Memo Item
State: PA District: 05			_
SUBTOTAL of Disbursements This Page (optional)		>	4500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 36 OF 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 28a	22 x 23 26 27 28b 28c 29 30b
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or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Con	nmittee	
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF JIM CLYBURN			Date of Disbursement
Mailing Address PO BOX 12567	09 19 2016		
City COLUMBIA	State Zip Code SC 29211		FEC Identification Number
Purpose of Disbursement			C C00255562
Contribution			Transaction ID : D175783
Candidate Name		Category/	Amount of Each Disbursement this Period
Clyburn, James, E., Rep., Office Sought: House Disburser	ment For: 2016	Туре	5000.00
Office Sought: Mouse Disburser Senate	Primary General		3000.00
President	Other (specify) ▼		Memo Item
State: SC District: 06			
Full Name (Last, First, Middle Initial)			Date of Disbursement
B. JEFF DUNCAN FOR CONGRESS			M M / D D / Y Y Y Y
Mailing Address PO BOX 845			09 12 2016
City	State Zip Code		FEC Identification Number
LAURENS	SC 29360		
Purpose of Disbursement Contribution			C C00460550
Candidate Name		Catagony	Transaction ID: D175600 Amount of Each Disbursement this Period
Duncan, Jeff, , Rep.,		Category/ Type	Amount of Each Dispulsement this Feriou
<u></u>	ment For: 2016		1000.00
Senate	Primary General		
State: SC District: 03	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
C. CROWLEY FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 84-56 Grand Avenue			09 06 2016
City	State Zip Code		FEC Identification Number
Elmhurst	NY 11373		
Purpose of Disbursement Contribution			C C00338954
Candidate Name		Cotogony	Transaction ID : D175456 Amount of Each Disbursement this Period
Crowley, Joseph, , Rep.,		Category/ Type	Amount of Each Dispursement this Feriou
Office Sought: House Disburser	ment For: 2016		5000.00
Senate	Primary General		_
State: NY District: 14	Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····•	11000.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Health Care Association	, ,		
Full Name (Last, First, Middle Initial) A. VARGAS FOR CONGRESS			Date of Disbursement
Mailing Address 330 ENCINITAS BLVD.			09 26 2016
ENCINITAS	State Zip Code CA 92024		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name		Category/	C C00497321 Transaction ID : D175947 Amount of Each Disbursement this Period
	nent For: 2016 Primary 🗶 General	Type	1000.00
	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. JULIA BROWNLEY FOR CONGRE	ESS		Date of Disbursement
Mailing Address PO BOX 2018 City S	State Zip Code		09 19 2016
THOUSAND OAKS Purpose of Disbursement	CA 91358		FEC Identification Number C C00513077
Candidate Name Brownley, Julia, , Rep.,	Category/		
Senate	nent For: 2016 Primary x General Other (specify)		1000.00
State: CA District: 26 Full Name (Last, First, Middle Initial)			Memo Item
C. KATHERINE CLARK FOR CONGR	RESS		Date of Disbursement
Mailing Address PO Box 361	75		09 12 2016
Malden Purpose of Disbursement Contribution	State Zip Code MA 02148-0004		FEC Identification Number C C00541888 Transaction ID : D175601
Clark, Katherine, M., Rep.,		Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary General Other (specify)		2500.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)			4500.00
TOTAL This Period (last page this line number only)			7 7 7

SCHEDULE B (FEC Form 3X)		FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			
A. DOGGETT FOR US CONGRESS			Date of Disbursement
Mailing Address PO Box 5843			09 26 2016
City	State Zip Code		FEC Identification Number
Austin	TX 78763		1 20 Identification Number
Purpose of Disbursement Contribution			C C00286500 Transaction ID : D175941
Candidate Name	,	Category/	Amount of Each Disbursement this Period
Doggett, Lloyd, , Rep.,		Туре	2000.00
	nent For: 2016		2000.00
President	Primary ★ General Other (specify) ▼		Memo Item
State: TX District: 35			
Full Name (Last, First, Middle Initial) B. LYNN JENKINS FOR CONGRESS	3		Date of Disbursement
Mailing Address P.O. Box 1441			09 19 2016
,	State Zip Code KS 66601		FEC Identification Number
Purpose of Disbursement	100001		C C00433730
Contribution			Transaction ID : D175779
Candidate Name	,	Category/	Amount of Each Disbursement this Period
Jenkins, Lynn, , Rep.,		Туре	0500.00
	nent For: 2016		3500.00
	Primary General Other (specify)		
State: KS District: 02	cure. (openity)		Memo Item
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF MAZIE HIRONO			Date of Disbursement
Mailing Address PO BOX 677			09 19 2016
City	State Zip Code		FEC Identification Number
HONOLULU	HI 96809		
Purpose of Disbursement Contribution			C C00420760 Transaction ID : D175781
Candidate Name		Category/	Amount of Each Disbursement this Period
Hirono, Mazie, K., Rep., Office Sought: House Disbursen	nent For: 2018	Туре	1000.00
	Primary General		1000.00
<u>"</u> X	Other (specify) ▼		Momo Itom
State: HI District:			Memo Item
SUBTOTAL of Disbursements This Page (optional)			6500.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 OF 45 (check only one)		
	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) American Health Care Association				
Full Name (Last, First, Middle Initial) A. FRIENDS OF MIA LOVE			Date of Disbursement	
Mailing Address PO BOX 255			09 19 2016	
RIVERTON	State Zip Code UT 84065		FEC Identification Number	
Purpose of Disbursement Contribution Candidate Name			C C00505776 Transaction ID : D175784	
Love, Mia, , Rep.,	nent For: 2016	Category/ Type	Amount of Each Disbursement this Period 1000.00	
Senate President	Primary		Memo Item	
Full Name (Last, First, Middle Initial) B. NANCY PELOSI FOR CONGRESS		Date of Disbursement		
Mailing Address 700 13TH STREET, NW SUITE 600	09 26 2016			
,	State Zip Code 20005		FEC Identification Number	
Contribution Candidate Name PELOSI, NANCY, , Rep.,	Category/	C C00213512 Transaction ID : D175943 Amount of Each Disbursement this Period		
Office Sought: X House Disbursem	nent For: 2016 Primary	Type	5000.00	
State: CA District: 12	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial) PETE AGUILAR FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 10954			09 12 2016	
City State Zip Code SAN BERNARDINO CA 92423 Purpose of Disbursement Contribution			FEC Identification Number C C00510461 Transaction ID : D175604	
Candidate Name Aguilar, Pete, , Rep., Category/ Type			Amount of Each Disbursement this Period	
Office Sought: House Disbursem	nent For: 2016 Primary		1000.00 Memo Item	
SUBTOTAL of Disbursements This Page (optional)			7000.00	
TOTAL This Period (last page this line number only)			4	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
American Health Care Association	Political Action Comr	nittee			
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. CITIZENS TO ELECT PHIL ROE T	CITIZENS TO ELECT PHIL ROE TO CONGRESS				
Mailing Address PO BOX 3218			09 18 2016		
City JOHNSON CITY	State Zip Code TN 37602		FEC Identification Number		
Purpose of Disbursement			C C00444471		
Voided Check - Orig Issued 7/12/2016			Transaction ID : D175725		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Roe, David, Phillip, Dr.,		Туре	1000.00		
	nent For: 2016		-1000.00		
President	Primary ☐ General Other (specify) ▼		Memo Item		
State: TN District: 01					
Full Name (Last, First, Middle Initial) B. DR. RAUL RUIZ FOR CONGRESS	3		Date of Disbursement		
Mailing Address PO Box 3433			09 06 2016		
,	State Zip Code CA 92261		FEC Identification Number		
Purpose of Disbursement	52201		C C00502575		
Contribution					
Candidate Name	-	Category/	Transaction ID: D175460 Amount of Each Disbursement this Period		
Ruiz, Raul, , Rep.,	Ruiz, Raul, , Rep.,				
	nent For: 2016		1000.00		
	Primary General				
President State: CA District: 36	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. FRIENDS OF ROSA DELAURO					
Mailing Address 12 TRUMBULL STREET	09 26 2016				
City	State Zip Code		FEC Identification Number		
NEW HAVEN	CT 06511				
Purpose of Disbursement Contribution			C C00238865 Transaction ID : D175949		
Candidate Name Category/			Amount of Each Disbursement this Period		
DeLauro, Rosa, , Rep., Type Disbursement For: 2016			1000.00		
Senate	Primary x General		1000.00		
State: CT District: 03	Other (specify) ▼		Memo Item		
			1000.00		
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	7 7 7		
TOTAL This Period (last page this line number only).					

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 41 OF 45	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b	
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NAME OF COMMITTEE (In Full)	and the state of any political			
American Health Care Association	Political Action Comr	mittee		
Full Name (Last, First, Middle Initial)				
A. LEVIN FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box 37			09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
01	7. 0 .			
City Roseville	State Zip Code MI 48066		FEC Identification Number	
Purpose of Disbursement			C C00156612	
Contribution				
Candidate Name	-	Category/	Transaction ID : D175605 Amount of Each Disbursement this Period	
Levin, Sander, M., Rep.,		Type		
	nent For: 2016		5000.00	
Senate President	Primary x General Other (specify) ▼		Memo Item	
State: MI District: 09			ш	
Full Name (Last, First, Middle Initial)			Data of Dishuwa	
B. HOYER FOR CONGRESS			Date of Disbursement	
Mailing Address 700 13th Street, NW	Mailing Address 700 13th Street, NW			
City	State Zip Code		EEC Identification Number	
Washington	DC 20005		FEC Identification Number	
Purpose of Disbursement Contribution			C C00140715	
Candidate Name				
Hoyer, Steny, H., Rep.,		Category/ Type	Amount of Each Disbursement this Period	
	nent For: 2016	Туре	5000.00	
	Primary General		4 4	
President	Other (specify)		Memo Item	
State: MD District: 05			Wichio Rom	
Full Name (Last, First, Middle Initial)				
C. VERN BUCHANAN FOR CONGRE	ESS		Date of Disbursement	
Mailing Address P. O. Box 48928	ailing Address P. O. Box 48928			
City	State Zip Code		FF0.11	
Sarasota	FL 34230		FEC Identification Number	
Purpose of Disbursement Contribution			C C00412759	
			Transaction ID : D175948	
Candidate Name Category/			Amount of Each Disbursement this Period	
Buchanan, Vern, , Rep., Office Sought: House Disbursement For: 2016			4000.00	
Office Sought: House Disbursen	Primary General		1000.00	
President	Other (specify)		Mana Hana	
State: FL District: 16	· · · · · · ·		Memo Item	
SUBTOTAL of Disbursements This Page (optional)			14000.00	
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TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 OF 45 (check only one)			
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NAME OF COMMITTEE (In Full) American Health Care Association			v denoti Contributione moin cueri committee.		
Full Name (Last, First, Middle Initial)					
VERN BUCHANAN FOR CONGRE	ESS		Date of Disbursement Op 06 2016		
Mailing Address P. O. Box 48928			09 06 2016		
Sarasota	State Zip Code FL 34230		FEC Identification Number		
Purpose of Disbursement Contribution			C C00412759 Transaction ID : D175454		
Candidate Name Buchanan, Vern, , Rep.,		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: W House Disbursem	nent For: 2016 Primary General	Турс	1000.00		
State: FL District: 16	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial) B. PEOPLE FOR PATTY MURRAY		Date of Disbursement			
Mailing Address PO BOX 3662			09 19 2016		
,	State Zip Code WA 98124		FEC Identification Number		
Purpose of Disbursement Contribution	Purpose of Disbursement				
Candidate Name		Category/	Transaction ID : D175786 Amount of Each Disbursement this Period		
Murray, Patty, , Sen., Office Sought: House Disburser	nent For: 2016	Type	1000.00		
x Senate	Primary General Other (specify)				
State: WA District:	Carret (opcomy)		Memo Item		
ull Name (Last, First, Middle Initial) Tom O'Halleran for Congress			Date of Disbursement		
Mailing Address PO Box 20375			09 01 2016		
Sedona	State Zip Code AZ 86341		FEC Identification Number		
Purpose of Disbursement Contribution Candidate Name			C C00582890 Transaction ID : D175449 Amount of Each Disburgement this Period		
O'Halleran, Tom, , ,			Amount of Each Disbursement this Period		
Senate	nent For: 2016 Primary General Other (specify)		1000.00 Memo Item		
State: AZ District: 01			Memo Item		
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SCHEDULE B (FEC Form 3X)	11	anaka sala ad 1 ()	FOR LINE	NUMBER:	PAGE 43 OF 45
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NAME OF COMMITTEE (In Full)		- •			
American Health Care Association	Politica	I Action Con	nmittee		
Full Name (Last, First, Middle Initial)				D-1 (5)	sbursement
A. Turquoise PAC	Furquoise PAC				
Mailing Address 1050 17th St NW				. M M /	06 2016
Suite 590					
,	State	Zip Code	<u> </u>	FEC Identif	fication Number
Washington Purpose of Disbursement	DC	20036			0547005
Contribution					0517235
Candidate Name			Category/		ection ID: D175458 Each Disbursement this Period
			Type		
Office Sought: House Disburser					2500.00
Senate President	Primary Other (spe	General			
State: District:	Office (Spe	√···y) ▼		Memo	Item
Full Name (Last, First, Middle Initial)					
B. Young Victory Committee				Date of Dis	sbursement
					D D / Y Y Y Y
	Mailing Address PO Box 1053				12 2016
•	State IN	Zip Code 47402		FEC Identif	fication Number
Bloomington Purpose of Disbursement					
Contribution					0621581
Candidate Name	Candidate Name Category/ Type				Each Disbursement this Period
Office Sought:					1000.00
					Oorah! PAC Contribution
President State: District:	Other (spe	ecity)		Memo	Item
Full Name (Last, First, Middle Initial)					
C.					sbursement
Mailing Address				M = M /	D D / Y Y Y Y Y
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City	State	Zip Code		FEC Identif	fication Number
Purpose of Disbursement				C	
Candidate Name			Category/ Type	Amount of	Each Disbursement this Period
Office Sought: House Disburser	nent For:		71.	1 1	
Senate	Primary	General			,
President	Other (spe	ecify) 🔻		Memo	Item
State: District:					
SUBTOTAL of Disbursements This Page (optional)					3500.00
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 44 OF 45	
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NAME OF COMMITTEE (In Full)			· · · · · · · · · · · · · · · · · · ·		
American Health Care Association	Politica	I Action Con	nmittee		
Full Name (Last, First, Middle Initial)				Date of Disbursement	
A. Groff, Howard, , Mr.,	Groff, Howard, , Mr.,				
Mailing Address 11337 Louisiana Cir				09 19 2016	
,	State	Zip Code		FEC Identification Number	
Bloomington Purpose of Disbursement	MN 55438-2827			C	
Refund of 08/02/2016 Contribution					
Candidate Name			Catagony	Transaction ID : D175633	
			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ment For:			1250.00	
Senate	Primary	General			
State: District:	Other (spe	cify) ▼		Memo Item	
Full Name (Last, First, Middle Initial)					
B. O'Connell and Aronowitz				Date of Disbursement	
2. O Confident and Aronowitz				M M / D D / Y Y Y Y	
Mailing Address 54 State Street	Mailing Address 54 State Street				
City	City State Zip Code			FEC Identification Number	
Albany					
Refund of 8/5/2016 Contribution	Purpose of Disbursement Refund of 8/5/2016 Contribution				
Candidate Name Category/ Type				Transaction ID : D175464	
				Amount of Each Disbursement this Period	
Office Sought: House Disburser	**			250.00	
Senate Primary General				7 7 7	
President	Other (spe	cify)		Memo Item	
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C.	un Name (Last, 1 list, Middle Initial)				
				M M / D D / Y Y Y Y	
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement				C	
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Candidate Name Category/ Type			Amount of Each Disbursement this Period		
Office Sought: House Disbursel	· · ·				
Senate	Primary	General		7 7	
President	Other (spe	cify) ▼		Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (optional)				1500.00	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicting contributions or for commercial purposes, other than using the name and address of any political committee to solict contributions from such committee. NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Mailing Address 430 S. Capitol Street, SE City Washington Officer Sought: House Disbursement Controlution Officer Sought: House Disbursement For: Senate President Disbursement Trist, Middle Initial) B. Mailing Address City State: District: House Disbursement For: Gategory Type Officer Sought: House Disbursement For: Gategory Mammont of Each Disbursement this Period Disbursement For: Gategory Type Officer Sought: House Disbursement For: Gategory Mammont of Each Disbursement This Period Disbursement For: Gategory Type Officer Sought: House Disbursement For: Gategory Mammont of Each Disbursement This Period Disbursement For: Gategory Type Officer Sought: House Disbursement For: Gategory Mammont of Each Disbursement This Period Disbursement For: Gategory Mammont of Each Disbursement This Period Disbursement For: Mammont of Each Disbursement This Period Disbursement For: Mammont of Each Disbursement This Period Disbursement This Period Disbursement This Period		•			1 -	E NOMBER.		
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Mailing Address 430 S. Capitol Street. SE City	_							
City Washington	Α.					M M / D D / Y Y Y Y		
Washington Purpose of Disbursement Contribution Candidate Name Office Sought:				1		09 06 2016		
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